

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the  
Eastern District of Texas

FILED - CLERK  
2015 OCT 19 PM 12:28  
TX ED CT CLERK

INTELLECTUAL CAPITAL CONSULTING, LTD.

Plaintiff(s)

v

HYUNDAI MOTOR COMPANY et al.,

Defendant(s)

Civil Action No. 2:15-cv-00917-RWS-RSP

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Samsung Electronics Co., Ltd.  
Samsung Main Building, 250  
Taeyeongno 2-ga, Jung-gu  
Seoul, South Korea

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are: Samuel K. Giles  
INTELLECTUAL CAPITAL CONSULTING, LTD.  
3160 W. 71st Avenue, Suite 307  
Westminster CO 80030  
p) 800.545.4290 ext. 100  
e) skgiles@icapitalconsulting.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

9/14/15

CLERK OF COURT

C. Kinton

Signature of Clerk or Deputy Clerk

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**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Samsung Electronics Co., Ltd.  
was received by me on *(date)* 9, 19, 2015

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

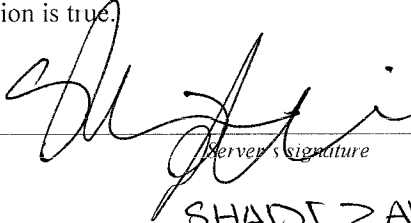
☒ Other *(specify)*

I served the summons via certified mail.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 9, 22, 2015

  
\_\_\_\_\_  
*Server's signature*  
SHADI ZAHEDI  
*Printed name and title*

3160 W. 71st Ave. APT 307, Westminster, CO 80030  
*Server's address*

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Samsung Electronics Co., Ltd.            C/o Gilliam &amp; Smith            303 S. Washington Ave            Marshall, TX 75670</p>		<p>B. Received by (Printed Name)            C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0002 3710 0440</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt